

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

off

PLAINTIFF BRIDGET MECHETNER-CESARIO	COURT CASE NUMBER 08-cv-0108cv21
DEFENDANT JENNIFER WITHERSPOON, ETC., ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	SERGEANT SMITH, LAKE COUNTY JAIL
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	20 SOUTH COUNTY STREET WAUKEGAN, IL 60085 - (847) 377-4100

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PATRICK J. COLLINS
BELGRADE & O'DONNELL, PC
20 NORTH WAKCER DRIVE - SUITE 1900
CHICAGO, IL 60606

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Fold

MAY 12 2008 YM

May 12 2008

MICHAEL W. DOBBINS

Signature of Attorney other Originator requesting service on behalf of:

☒ CLERK, U.S. DISTRICT COURT
☐ DEFENDANT

DATE

4-1-8

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process # of 9	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk T.R.	Date 4-1-8
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc, shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

S. Valic #1485 Correctional Officer

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 5/7/08	Time 2:46	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Rlu

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
one service fee charged				same case & location	

REMARKS: See process sheet # 1 for charges.

3 hrs 100 miles RT

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED